building among adolescents and sensitization for the AIDS Vaccine Initiative.

— Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure.

— Collaborative efforts to promote inter-sectoral co-ordination activities including workplace interventions and public-private partnerships.

Building technical and managerial capacities for programme implementation through surveillance, training, monitoring and evaluation, technical resource groups, operational research and programme management.

Recurrence of TB and Malaria

†1280. SHRI JANESHWAR MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that several diseases like TB and malaria which had been once eliminated are spreading again throughout the country;

(b) if so, whether it is also a fact that these dieseases have turned into epidemic in some parts of the country;

(c) if so, the details of the people died to these diseases during the last five years, year-wise and State-wise; and

(d) the steps being taken by Government to get rid of these diseases?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (d) The number of TB cases reported under National TB Control Programme have been more or less static during the last few years. It is estimated that about 4.17 lac patients die of TB every year in the country. State-wise details of the deaths reported during the last 5 years are given in the enclosed Statement-I (See below).

To control TB, the National TB Control Programme has been in operation in the country since 1962. Since this could not achieve the desired results, the Revised National TB Control Programme (RNTCP)

†Original notice of the question was received in Hindi.

widely known as DOTS, which is a WHO recommended strategy was launched in 1993 and is being implemented in a phased manner, with the objective of achieving cure rate of 85% of new sputum positive cases. Diagnosis by sputum microscopy instead of by X-ray helps in detecting and curing infectious cases on priority. Facilities for diagnosis by sputum microscopy have been decentralized and strengthened. Drugs are provided free of cost in patient-wise boxes and patients are monitored to ensure that they complete their treatment.

The project districts have reported a cure rate of more than that 80% which means more than 8 out of every 10 patients diagnosed and put on treatment under the revised strategy are successfully treated. This is double that of the earlier programme.

DOTS coverage is being rapidly expanded in the country. From a coverage Of 20 million in 1998, about 760 million population has been covered under the programme at present. It is envisaged to cover 850 million population by 2004 under the revised strategy and the entire population of the country by 2005.

Efforts are being made to control malaria. For this purpose, the Central Government provides technical support, anti malarial drugs, approved insecticides and larvicides, medicated bednets for personal protection etc. to the State Governments. Funds for IEC and Training activities are also provided under the National Anti Malaria Programme. The North Eastern States and 100 Tribal districts in 8 States are provided additional support for meeting the operational expenses including transportation cost of the materials and spray wages.

The incidence of malaria in the country was brought down to the level of 0.1 million cases annually in 1965 which resurged and increased to 6.47 million cases annually in 1976.Thereafter, the incidence of malaria was brought down to 2.18 million cases in the year 1984 and since then it has been contained around 2-3 million cases annually and during 2002, it has been brought down to 1.84 million cases. Malaria is a local and focal problem and epidemic situation during high transmission season has been reported sporadically in some villages/blocks in the country. The details of death due to malaria during the last five years, year-wise and State-wise is given in the enclosed Statement-ll (See below).

The National Vector Borne Diseases Control Programme for prevention and control of malaria, filariasis, dengu, kala-azar and Japanese encephalitis has been approved in October, 2003 with a provision of Rs. 1370 Crores for the Tenth Five Year Plan period so as to support State Governments in tackling vector borne diseases.

Statement-I

Details of deaths due to TB reported during the last 5 years year-wise and State-wise

State	Year				2002-03
	1998-99	1999-2000	2000-01	2001-2002	(upto Sept., 2002)
Andhra Pradesh	189	232	232	950	1054
Arunachal Pradesh					3
Assam	2	22	97	58	39
Bihar	17	94	159	164	122
Chandigarh	—	—	—		20
Chhattisgarh	—	—	—		34
Delhi	166	656	477	335	341
Gujarat	156	732	1896	1606	1336
Haryana	—	—	216	196	147
Himachal Pradesh	56	17.8	238	256	269
Jharkhand	—	—	25	85	68
Karnataka	40	109	308	920	819
Kerala	126	411	684	877	657
Madhya Pradesh	8	134	188	166	170
Maharashtra	162	1261	1257	2093	2499
Manipur	9	57	65	50	121
Orissa	252	460	479	557	605
Punjab	—	—		26	30
Rajasthan	58	367	1762	2052	1643
Sikkim	—	—			17
Tamil Nadu	4	234	618	1997	2267
Uttar Pradesh	61	248	632	670	528
West Bengal	64	663	1004	1973	1877
TOTAL	1370	5858	10337	15031	14666

- The proportion of number of patients put on treatment under RNTCP and the TB deaths occuring has been same, but the number has increased due to increased coverage of population under BNTCP.

As treatment outcome (death, success rate etc.) becomes available only after one year from initiation of the treatment, the information in regard to TB deaths in 2002-03 is available only upto September, 2002.

Statement-II

Details of deaths due to Malaria during the last five years, year-wise and State-wise

Sl. No.	Name of State	No. of deaths				
		1998	1999	2000	2001	2002
1.	A & N Islands	0	2	1	1	1
2.	Andhra Pradesh	12	11	6	1	0
3.	Arunachal Pradesh	2	1	0	14	0
4.	Assam	34	111	43	122	72
5.	Bihar	34	131	2	0	2
6.	Chandigarh	0	0	0	0	0
7.	Chhattisgarh	—	—	63	32	3
8.	Dadra & Nagar Haveli	0	0	0	0	0
9.	Daman & Diu	0	0	0	0	0
10.	Delhi	0	0	0	0	0
11.	Goa	19	17	11	12	15
12.	Gujarat	3	7	2	19	17
13.	Haryana	0	0	0	0	0
14.	Himachal Pradesh,	0	0	0	0	0
15.	Jammu & Kashmir	0	0	0	0	0
16.	Jharkhand	—	—	16	21	31
17.	Karnataka	3	11	14	21	33
18.	Kerala	7	7	9	9	8
19.	Lakshadweep	0	0	0	0	0
20.	Madhya Pradesh	26	50	93	81	30
21.	Maharashtra	32	46	40	50	43
22.	Manipur	1	8	0	5	9
23.	Meghalaya	2	5	11	17	41
24.	Mizoram	56	73	33	43	35
25.	Nagaland	0	12	0	1	0
26.	Orissa	349	399	467	305	465
27.	Pondicherry	0	0	0	0	0

Sl. No.	Name of State	No. of deaths				
		1998	1999	2000	2001	2002
28.	Punjab	0	0	1	0	0
29.	Rajasthan	0	0	10	36	11
30.	Sikkim	0	0	0	0	0
31.	Tamil Nadu	2	2	1	0	0
32.	Tripura	5	11	6	9	5
33.	Uttar Pradesh	0	0	0	15	0
34.	Uttaranchal	—	—	0	0	0
35.	West Bengal	77	144	103	191	152

Organ Banks

†1281. SHRI KRIPAL PARMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are considering to set up Human Organ Banks for the purpose of transplantation of human organs;

(b) if so, the details and locations thereof and, if not, the reasons therefor;

(c) whether any provision has been made to provide some concession to the poor; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (d) The Government have set up the Organ Retrieval Banking Organisation (ORBO) at All India Institute of Medical Sciences, New Delhi, as a national facility and nodal centre, to facilitate transplant programme in the country with a view to encourage organ donations, fair and equitable distribution of human organs and optimum utilization of human organs. Some NGOs in different parts of the country are also promoting organ donation.

The ORBO is maintaining the waiting list of terminally ill patients requiring transplants, donar registration, matching of recipients with donor co-ordination from procurement of organs to transplantation, dissemination of information to all concerned hospitals, organizations and individuals,

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